

F-9

TOWNSHIP OF UNION BOARD OF EDUCATION
UNION, NEW JERSEY

FILE CODE 3453

EXHIBIT B-1

Student Organization Fund Approval for Expenditure in Excess of \$1,000.00

SCHOOL: BURNET MIDDLE SCHOOL

DATE: November 30, 2017

DEPARTMENT: DRAMA CLUB

VENDOR: PELIGRO SPORTS

AMOUNT \$1,913.00

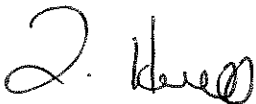
PURPOSE OF EXPENDITURE [attach appropriate invoice(s)]:

School Play 2016-2017 The Little Mermaid Jr.

In accordance with the Student Organization Fund – Policy and Procedure Manual, I request approval of the referenced expenditure in excess of \$1,000.00.

Tommy Harrell, Principal

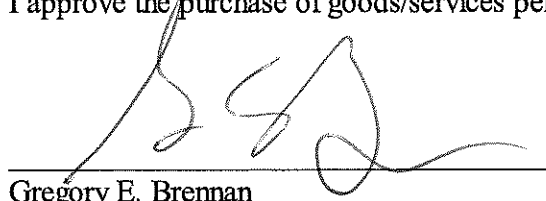
Name



Signature

Per the Student Organization Funds-Policy and Procedure Manual, student bodies, only with written approval of either/or the Board Secretary/Business Administrator, may obligate themselves by contract for the purchase of goods and services greater than \$1,000.00

I approve the purchase of goods/services per the attached



Gregory E. Brennan
School Business Administrator

_____ Date



Invoice # 1011764
Issued date 6/26/2017

Paid

FROM
Pelgro Sports
Vendor# PEL045000
2200 Amsterdam Ave
New York City, NY 10032
212-568-0222
orders@pelgrosportsnyc.com
Ricardo Gonzalez

TO
Katherine Lewis
Burnet Middle School
klewis@twpunionschools.org
(908) 851-6490

ITEM OVERVIEW

T-Shirts with Screen Printing

ITEM DESCRIPTION	COLOR	QTY	SIZE	UNIT PRICE	SUBTOTAL
T-Shirts with Screen Printing	Sapphire	83	S-XL	\$9.00	\$747.00
T-Shirts with Screen Printing	Sapphire	4	XXL-3XL	\$11.00	\$44.00
Hoodies with Screen Printing	Sapphire	41	S-XL	\$16.00	\$656.00
Hoodies with Screen Printing	Sapphire	3	XXL-3XL	\$18.00	\$54.00
Long Sleeve T-Shirts with Screen Printing	Sapphire	26	S-XL	\$12.00	\$312.00
Screen Set Up Fee		4		\$25.00	\$100.00

Paid \$1,913.00

Total \$0.00

TERMS

Thanks you for your business! Payment is due upon approval.

TOWNSHIP OF UNION BOARD OF EDUCATION
UNION, NEW JERSEY

FILE CODE 3453

EXHIBIT B-1

Student Organization Fund Approval for Expenditure in Excess of \$1,000.00 .

SCHOOL: Kawameeh Middle School

Date: 11/13/2017

DEPARTMENT: Student Council Account: #19

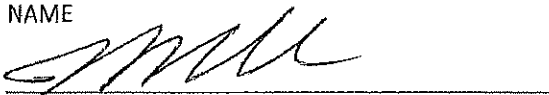
VENDOR: Metro Fundraising Amount: \$4,978.30

PURPOSE OF EXPENDITURE [attach appropriate invoice(s): "Spirit of the Season" invoice for 8th
grade student council fundraising.

In accordance with the Student Organization Fund – Policy and Procedure Manual, I request approval of the referenced expenditure in excess of \$1,000.

Jason Malanda

NAME



SIGNATURE

Per the Student Organization Funds -- Policy and Procedural Manual, student bodies, only written approval of either/or the Board Secretary/Business Administrator, may obligate themselves by contract for the purchase of goods and services greater than \$1,000.

I approve the purchase of goods/services per the attached.

Gregory Brennan, Business Administrator

Date



81 Pension Road, Suite 120
 Manalapan, New Jersey 07726
 www.metro-schools.com
 877-386-3900

Invoice

DATE	INVOICE #
11/8/2017	9785

Kawameeh M.S. Student Council
 490 David Terrace
 Union, NJ 07803
 Attn: Ms. Christina Neas

P.O. NO.	TERMS	PROJECT
	Due upon receipt	

DESCRIPTION	AMOUNT SOLD	RATE	AMOUNT
PRODUCT FUNDRAISER / Spirit of the Season at 40% profit.	8,155.5	0.60	4,893.30
Shipping / refrigerated	85	1.00	85.00

Thank you for your business!	Total Due	\$4,978.30
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TOWNSHIP OF UNION BOARD OF EDUCATION
UNION, NEW JERSEY

FILE CODE 3453

EXHIBIT B-1

Student Organization Fund Approval for Expenditure in Excess of \$1,000.00

SCHOOL: Kawameeh Middle School

Date: 11/13/2017

DEPARTMENT: Student Council Account: #19

VENDOR: Metro Fundraising Amount: \$2,745.60

PURPOSE OF EXPENDITURE [attach appropriate invoice(s): Cheesecake/Frozen Metro Delights
Invoice for 8th grade student council fundraising.

In accordance with the Student Organization Fund -- Policy and Procedure Manual, I request approval of the referenced expenditure in excess of \$1,000.

Jason Malanda

NAME



SIGNATURE

Per the Student Organization Funds -- Policy and Procedural Manual, student bodies, only written approval of either/or the Board Secretary/Business Administrator, may obligate themselves by contract for the purchase of goods and services greater than \$1,000.

I approve the purchase of goods/services per the attached.

Gregory Brennan, Business Administrator

Date



81 Pension Road, Suite 120
 Manalapan, New Jersey 07726
 www.metro-schoolplan.com
 877-386-3900

Invoice

DATE	INVOICE #
10/27/2017	9723

Kawameeh M.S. Student Council
 490 David Terrace
 Union, NJ 07803
 Attn: Ms. Christina Neas

P.O. NO.	TERMS	PROJECT
	Due upon receipt	

DESCRIPTION	AMOUNT SOLD	RATE	AMOUNT
Cheesecake/Frozen Metro Delights at 35% profit. Product will be billed after tally! Thank you!	4,224	0.65	2,745.60

Thank you for your business!

Total Due \$2,745.60

I. This will authorize the Treasurer of the UNION HIGH SCHOOL BOOSTER ASSOCIATION

Pay \$ 7177.50 to the order of SECRET LOCATION

and charge the account of Senior Class of 2018 Acct. No. 2265

Purpose: Project Graduation

<u>Project Grad</u>	<u>Walter Cox</u>
Club or Activity	Faculty Adviser - Signature

II. Account Balance _____ Verified by _____

Date _____ Comment _____

III. Approved: [Signature] Date 12/1/17

Principal - Signature

IV. Date Paid _____ Check No. _____ Acct. No. _____

Processed by _____

EXHIBIT B-1

Student Organization Fund Approval for Expenditure in Excess of \$1,000.00

SCHOOL: UHS Date: 12/1/17
DEPARTMENT: Senior class of 2018 Account: 2205
VENDOR: SECRET Amount: 7177.50
LOCATION
PURPOSE OF EXPENDITURE [attach appropriate invoice(s)]: Project Graduation

In accordance with the Student Organization Fund – Policy and Procedure Manual, I request approval of the referenced expenditure in excess of \$1,000.

NAME _____
[Signature]
SIGNATURE

Per the Student Organization Funds – Policy and Procedural Manual, student bodies, only written approval of either/or the Board Secretary/Business Administrator, may obligate themselves by contract for the purchase of goods and services greater than \$1,000.

I approve the purchase of goods/services per the attached.

[Signature] _____ Date 12/4/17
Gregory Brennan, Business Administrator

SECRET LOCATION

Rental & Entertainment Agreement

Any Excuse For A Party!, Inc. wishes to thank you for your business! Below is a detailed list of what we will provide along with the actual event information. Please review this information and do not hesitate to call us with any questions you may have. Sign and return both pages along with any deposits (if applicable) to our office as soon as possible. Please be sure to keep a copy for your records. Thank you again for letting us be a part of your special day.

Contract Created: 10/25/2017

Ref #: 8997

Customer and Contact Name:

Union High School [Cheryl Fiske]

2350 N 3rd St

Union, New Jersey 07083

Contact Alt Phone: 908-419-4005

Event Location:

SECRET LOCATION

Billing Summary:

Sub-Total:	\$28,710.00
Total:	\$28,710.00
Deposit Required:	\$7,177.50
Deposit Due By:	11/04/2017
Balance Remaining Before Deposit:	\$ 28,710.00
Balance Due By:	06/22/2018

Sales Rep: Tomianne Pagano

Event Date(s):

Friday, June 22nd, 2018 11:00PM to

Saturday, June 23rd, 2018 4:00AM

Number of Guests: Surface: indoors

Event Notes: Includes attendants, VIP Manager, custom itineraries throughout the facility. Requires electric and chairs.

CATERING PACKAGE:

6 FT Sub Sandwiches including Italian sub and Turkey and Cheese

Pizza slices or Pizza Bagels

Buffalo Wings and Chicken Fingers

Garden Salad

Hot Dog Cart with condiments

Nachos with Cheese Sauce

Chips and Pretzels

Includes soda, regular and diet, iced tea, water

BREAKFAST

Bagels with butter, Jelly and Cream cheese

Assorted Doughnuts, French Toast Stick and Waffles, Orange Juice, & Coffee

Includes all paper products, utensils, servers, etc.

Services/Equipment Rented

EXHIBIT B-1

Student Organization Fund Approval for Expenditure in Excess of \$1,000.00

SCHOOL : Union High

Date: 12/7/2017

DEPARTMENT: Athletics: Bowling Club

Account: 3430

VENDOR: Kelly's Sporting Goods

Amount: \$1500.00

PURPOSE OF EXPENDITURE [attach appropriate invoice(s): This is an estimation of the check to be written to Kelly's Sporting Goods for Team Bowling apparel for bowling team.

In accordance with the Student Organization Fund – Policy and Procedure Manual, I request approval of the referenced expenditure in excess of \$1,000.

Linds Ionta- Director of Athletics

NAME

SIGNATURE

Per the Student Organization Funds – Policy and Procedural Manual, student bodies, only written approval of either/or the Board Secretary/Business Administrator, may obligate themselves by contract for the purchase of goods and services greater than \$1,000.

I approve the purchase of goods/services per the attached.

Gregory Brennan, Business Administrator

Date: _____

EXHIBIT B-1

Student Organization Fund Approval for Expenditure in Excess of \$1,000.00

SCHOOL: Union HS Date: 12/4/17

DEPARTMENT: Theatre Account: UHSPAC 77

VENDOR: Home Depot Amount: \$3,913.55

PURPOSE OF EXPENDITURE [attach appropriate invoice(s)]: Scenery for UHSPAC production of Godspell.

In accordance with the Student Organization Fund – Policy and Procedure Manual, I request approval of the referenced expenditure in excess of \$1,000.

Corey Lowery
NAME

[Signature]
SIGNATURE

Per the Student Organization Funds – Policy and Procedural Manual, student bodies, only written approval of either/or the Board Secretary/Business Administrator, may obligate themselves by contract for the purchase of goods and services greater than \$1,000.

I approve the purchase of goods/services per the attached.

Gregory Brennan, Business Administrator

Date

COMPLETE SECTION I ONLY

DATE 12/4/17

I. This will authorize the Treasurer of the UNION HIGH SCHOOL BOOSTER ASSOCIATION

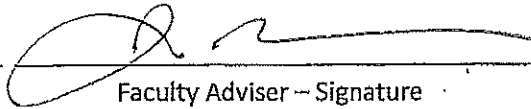
Pay \$ 3,913.55 to the order of Home Depot

and charge the account of UHS PAC Acct. No. 77

Purpose: Security For UHS PAC production of Godspell

Godspell

Club or Activity



Faculty Adviser - Signature

II. Account Balance _____ Verified by _____

Date _____ Comment _____

III. Approved  _____

Principal - Signature

Date 12/4/17

IV. Date Paid _____ Check No. _____ Acct. No. _____

Processed by _____



Commercial Account



ACCOUNT ACTIVITY STATEMENT

RETURN MAIL ADDRESS
PO BOX 790420
ST. LOUIS, MO 63179

Commercial Account: xxxx xxxx xxxx 7093
Statement Date 11/28/17
Credit Line \$3,600
Credit Available \$0

UNION HS PERFORMING
2350 N 3RD ST
UNION, NJ 07083-5049

Account Balance \$3,913.55

Account Information

Please see Payment Page(s) for Amount Due and Payment Due Date(s)

Current Payments and Unapplied Payments	\$0.00
Current Purchases and Debits	\$1,699.24
Current Returns, Exchanges and Adjustments	\$0.00
Previously Billed Invoices	\$2,214.31

SPECIAL NOTICE

Don't forget, 1-Year returns credited back to your Home Depot Card*.

Additional benefits available to Commercial Card Holders:

- **60-day Terms:** On new purchases, receive net 60 payment terms with no late fees if paid in full
- **Fuel savings:** Earn Fuel savings for every \$100 of qualifying purchases made using your The Home Depot Commercial Account

Visit homedepot.com/cardbenefits to take advantage of 60-day payment terms and get more information on fuel savings including participating station availability and how to order more redemption cards

*Refer to The Home Depot Returns Policy for details

To properly apply or refund either your credit balance or unapplied payment, please contact us at 1-800-395-7363. Please do this at your earliest convenience to prevent any applicable fees being applied to your account.

Please update your phone number, including cell phone number by logging into your account online, or call customer service at 1-800-395-7363 to update. By giving us your phone and/or cell number or a number later converted to a cell number, you agree that Citibank or its service providers can contact you at the number by autodialer, recorded or artificial voice, or text. Your phone plan charges may apply.

CURRENT PURCHASES AND DEBITS

Date	Purchase Location/Description	Invoice #	Purchase Order/Job Name	Customer Agreement #	Amount	Due Date
10/28/17	THE HOME DEPOT VAUXHALL, NJ	2023879			\$173.04	12/18/17
11/04/17	THE HOME DEPOT VAUXHALL, NJ	5024652			\$238.24	12/18/17
11/04/17	THE HOME DEPOT VAUXHALL, NJ	5035003			\$10.67	12/18/17
11/17/17	THE HOME DEPOT VAUXHALL, NJ	2041932			\$640.52	12/18/17
11/17/17	THE HOME DEPOT VAUXHALL, NJ	2041935			\$35.94	12/18/17
11/19/17	THE HOME DEPOT VAUXHALL, NJ	31312			\$278.94	12/18/17
11/19/17	THE HOME DEPOT VAUXHALL, NJ	42117			\$121.41	12/18/17
11/19/17	THE HOME DEPOT VAUXHALL, NJ	42129			\$34.24	12/18/17
11/26/17	THE HOME DEPOT VAUXHALL, NJ	3022113			\$166.24	12/18/17
TOTAL					\$1,699.24	

PREVIOUSLY BILLED INVOICES

Date	Purchase Location/Description	Invoice #	Purchase Order/Job Name	Customer Agreement #	Amount	Due Date
04/27/17		OAC-000000007	Payment		\$116.94-	
09/27/17	HOME DEPOT.COM 800-430-3376	3663648	783450201		\$128.42	10/18/17

Questions About Your Account	ACCT MGR HOME DEPOT CREDIT SERVICES	Send Billing Inquiries to:	Send a SECURE MESSAGE
	PHONE 1-800-395-7363	HOME DEPOT CREDIT SERVICES	right now to a customer
	FAX 1-877-969-6751	PO Box 790340	service professional online at
	GO TO WWW.MYHOMEDEPOTACCOUNT.COM	St. Louis, MO 63179-0340	myhomedepotaccount.com

Other Account and Payment Information

WHEN YOUR PAYMENT WILL BE CREDITED: For payments by regular mail, please allow 5-7 days for your payment to reach us. Payment must be received in proper form at our processing facility by 5 p.m. local time there to be credited as of that day. All payments received at the processing facility in proper form after that hour will be credited as of the following day. There may be a delay of up to 5 days in crediting a payment sent by mail if it is not in the proper form or is addressed to a location other than the address listed on the return envelope or on the front of the payment coupon, or, for courier or express mail payments, to the Express Mail address set forth in the Express Mail section.

PROPER FORM for payments sent by mail or courier.

For a payment to be in proper form, you should:

- **ENCLOSE** your check or money order. No cash, gift cards, or foreign currency please.
- **INCLUDE** the last four digits of your account number and name.

COPY FEE. We charge \$5 for each copy of a billing statement that dates back 3 months or more. We add the fee to a balance of our choosing. We reserve the right to add this fee to balances subject to a higher annual percentage rate. We waive the fee if your request for the copy relates to a billing error or disputed purchase.

PAYMENT OTHER THAN BY MAIL:

- **Online Payments.** Go to the URL on Page 1 of your statement to make a payment. For security reasons, you may not be able to pay your entire New Balance the first time you make a payment online. The payment cutoff time for Online Bill Payments is 5 p.m. Eastern time. Payments received after 5 p.m. Eastern time will be credited as of the next day.

- **Phone.** Call the phone number on Page 1 of your statement to make a payment. We may process your payment electronically after we verify your identity. There is no fee for this service. The payment cutoff time for Phone Payments is 5 p.m. Eastern time. Payments received after 5 p.m. Eastern time will be credited as of the next day.
- **Express Payments.** Send payment by courier or express mail to: Attn: Prox Payment Dept, 6716 Grade Lane, Building 9, Suite 910, Louisville, KY, 40213. Payment must be received in proper form, at the proper address, by 5 p.m. Eastern time in order to be credited as of that day. All payments received in proper form, at the proper address, after 5 p.m. Eastern time will be credited as of the next day.
- **In-Store Payments.** For your added convenience, payments can be made at The Home Depot® stores, with no service fee. Any payment in proper form accepted in-store will be credited as of that day. However, credit availability may be subject to verification of funds.

If you send an eligible check with this payment coupon you authorize us to complete your payment by electronic debit. If we do the checking account will be debited in the amount on the check. We may do this as soon as the day we receive the check. Also the check will be destroyed.

REPORT A LOST, STOLEN OR NEVER RECEIVED CARD IMMEDIATELY: Customer Service is available 24 hours a day, 7 days a week.

CUSTOMER SERVICE WRITTEN INQUIRY ADDRESS:
Home Depot Credit Services, P.O. Box 790340, St. Louis, MO 63179

Account: **** * 7093

PREVIOUSLY BILLED INVOICES cont.				Please submit payment for all past due amounts		
Date	Purchase Location/Description	Invoice #	Purchase Order/Job Name	Customer Agreement #	Amount	Due Date
09/27/17	HOME DEPOT.COM 800-430-3376	3951482	783450201		\$17.97	10/18/17
09/28/17	HOME DEPOT.COM 800-430-3376	2674342	783450201		\$655.07	11/18/17
09/28/17	HOME DEPOT.COM 800-430-3376	2684267	783450201		\$149.91	11/18/17
09/28/17	HOME DEPOT.COM 800-430-3376	2775226	783450201		\$27.00	11/18/17
09/28/17	HOME DEPOT.COM 800-430-3376	2851827	783450201		\$15.98	11/18/17
10/21/17	THE HOME DEPOT VAUXHALL, NJ	9153154			\$523.90	11/18/17
10/22/17	THE HOME DEPOT VAUXHALL, NJ	8022713			\$813.00	11/18/17
TOTAL					\$2,214.31	

#1 Retailer for Power Tools & Accessories



BUY THIS \$379

DEWALT® BLUE VOULT™ 20V/60V MAX BRUSHLESS HAMMER DRILL/IMPACT DRIVER 6.0AH KIT (1001856107)

Get 2 Select DEWALT® Power Tools FREE

UP TO \$298 VALUE



BUY THIS \$399

MAKITA® 18V BRUSHLESS HAMMER DRILL/IMPACT DRIVER 6.0AH COMBO KIT (1002502459)

Get 2 Select MAKITA® Power Tools FREE

UP TO \$276 VALUE



BUY THIS \$399

MILWAUKEE® M18™ CORDLESS HAMMER DRILL/HACKZALL™/IMPACT DRIVER/LIGHT COMBO KIT (176431)

Get 2 Select MILWAUKEE® Power Tools FREE

UP TO \$276 VALUE



BUY THIS \$499

EXCLUSIVE RIDGID® 18V CORDLESS 5 PC. COMBO KIT (1001281859)

Get 2 Select RIDGID® Power Tools FREE

UP TO \$298 VALUE

Shop in stores and online at homedepot.com/gifts

Offer valid 10/27/17-11/27/17. See store associate for details and product exclusions. *As shown. DeWalt value: \$379. Makita value: \$399. Milwaukee value: \$399. Ridgid value: \$499. ©2017 Home Depot. Product #1078. All rights reserved.





Commercial Account



Remit payment and make checks payable to: HOME DEPOT CREDIT SERVICES DEPT. xx - xxxxxx7093 PO BOX 78047 PHOENIX, AZ 85062-8047

PAYMENT PAGE

Commercial Account xxxx xxxx xxxx 7093
Statement Date 11/28/17

View, manage and pay your account online at myhomedepotaccount.com

Invoices to Be Paid

IMPORTANT:

To ensure accurate posting of your payment, please indicate which invoices you are paying by checking the appropriate box below. Please remit entire Payment Page(s) when sending payment.

CURRENT ACTIVITY

Transaction Date	Invoice #	Original Invoice Amount	Amount Due	Payment Due Date	Check if Paying	Payment Amount (Less than Amount Due)
10/28/17	2023679	\$173.04	\$173.04	12/18/17	<input type="checkbox"/>	\$
11/04/17	5024652	\$238.24	\$238.24	12/18/17	<input type="checkbox"/>	\$
11/04/17	5035003	\$10.67	\$10.67	12/18/17	<input type="checkbox"/>	\$
11/17/17	2041932	\$640.52	\$640.52	12/18/17	<input type="checkbox"/>	\$
11/17/17	2041935	\$35.94	\$35.94	12/18/17	<input type="checkbox"/>	\$
11/19/17	31312	\$278.94	\$278.94	12/18/17	<input type="checkbox"/>	\$
11/19/17	42117	\$121.41	\$121.41	12/18/17	<input type="checkbox"/>	\$
11/19/17	42129	\$34.24	\$34.24	12/18/17	<input type="checkbox"/>	\$
11/26/17	3022113	\$166.24	\$166.24	12/18/17	<input type="checkbox"/>	\$

PREVIOUSLY BILLED OPEN ITEMS

Transaction Date	Invoice #	Original Invoice Amount	Amount Due	Payment Due Date	Check if Paying	Payment Amount (Less than Amount Due)
04/27/17	OAC-000000007	\$3,000.00-	\$116.94-		<input type="checkbox"/>	\$
09/27/17	3663648	\$128.42	\$128.42	10/18/17	<input type="checkbox"/>	\$
09/27/17	3951482	\$17.97	\$17.97	10/18/17	<input type="checkbox"/>	\$
09/28/17	2674342	\$655.07	\$655.07	11/18/17	<input type="checkbox"/>	\$
09/28/17	2684267	\$149.91	\$149.91	11/18/17	<input type="checkbox"/>	\$
09/28/17	2775226	\$27.00	\$27.00	11/18/17	<input type="checkbox"/>	\$
09/28/17	2851827	\$15.98	\$15.98	11/18/17	<input type="checkbox"/>	\$
10/21/17	9153154	\$523.90	\$523.90	11/18/17	<input type="checkbox"/>	\$
10/22/17	8022713	\$813.00	\$813.00	11/18/17	<input type="checkbox"/>	\$



P.O. Box 790420
St. Louis, MO 63179

Your Account Number is xxxxxxxx xxxx 7093

For proper credit, please write
6035 3225 3188 7093
on your check and enclose
with this payment coupon.

Total Balance

\$3,913.55

Check here if paying all Invoices

Amount Enclosed \$

Print address changes on the reverse side.
Make Checks Payable to

Statement Enclosed

UNION HS PERFORMING
2350 N 3RD ST
UNION, NJ 07083-5049

HOME DEPOT CREDIT SERVICES
DEPT. xx - xxxxxx7093
PO BOX 78047
PHOENIX, AZ 85062-8047

EXHIBIT B-1

Student Organization Fund Approval for Expenditure in Excess of \$1,000.00

SCHOOL: UHS Date: 11/21/17
DEPARTMENT: UHSPAC Account: 77
VENDOR: Pick Everett Amount: 1500.00
PRODUCTIONS
PURPOSE OF EXPENDITURE [attach appropriate invoice(s): Rental of watch out
Video System for Godspell

In accordance with the Student Organization Fund – Policy and Procedure Manual, I request approval of the referenced expenditure in excess of \$1,000.

Corey Lowery
NAME
[Signature]
SIGNATURE

Per the Student Organization Funds – Policy and Procedural Manual, student bodies, only written approval of either/or the Board Secretary/Business Administrator, may obligate themselves by contract for the purchase of goods and services greater than \$1,000.

I approve the purchase of goods/services per the attached.

Gregory Brennan, Business Administrator

Date



I. This will authorize the Treasurer of the UNION HIGH SCHOOL BOOSTER ASSOCIATION

Pay \$ 1,500.00 to the order of Kick Everett Productions

and charge the account of UHS PAC Acct. No. 77

Purpose: Watchout Video System Rental For Godspell

Godspell
Club or Activity

Faculty Adviser - Signature

II. Account Balance _____ Verified by _____

Date _____ Comment _____

III. Approved
Principal - Signature

Date 11/22/17

IV. Date Paid _____ Check No. _____ Acct. No. _____

Processed by _____

Rick Everett Productions and Events Inc.

1 Bronxville LANE
Bronxville, NY
10708

Invoice

Date	Invoice #
11/21/2017	2017-341

Bill To
Union High School Attn: James Mosser 2350 North 3rd Street Union NJ 07083

P.O. No.	Terms	Project
	Please pay within 2...	

Description	Qty	Rate	Amount
Watchout Rental system	1	1,500.00	1,500.00
Terms for replacement of lost or damaged equipment:			0.00
Union HS is responsible for replacement cost on any lost or damaged equipment.			
Watchout license keys at \$2000 each.			
Watchout display computer at \$2200.			
Watchout Laptop at \$500.			
Video extenders at \$400 each (five provided).			
UPS and Misc cabling \$250.			
Total package value estimated at \$9,000.			

EIN# 61-1474340 Thank you.	Total	\$1,500.00
	Payments/Credits	\$0.00
	Balance Due	\$1,500.00

EXHIBIT B-1

Student Organization Fund Approval for Expenditure in Excess of \$1,000.00

SCHOOL: UHS Date: 11/20/17
DEPARTMENT: UHS Theatre Account: 2077
VENDOR: Rose Brand Amount: ~~\$2702.00~~ 2782.91

PURPOSE OF EXPENDITURE [attach appropriate invoice(s): Cup Drapery for
UHS PAC production of God Spell

In accordance with the Student Organization Fund – Policy and Procedure Manual, I request approval of the referenced expenditure in excess of \$1,000.

NAME [Signature]
SIGNATURE

Per the Student Organization Funds – Policy and Procedural Manual, student bodies, only written approval of either/or the Board Secretary/Business Administrator, may obligate themselves by contract for the purchase of goods and services greater than \$1,000.

I approve the purchase of goods/services per the attached.

Gregory Brennan, Business Administrator Date

COMPLETE SECTION I ONLY


DATE 11/20/17

I. This will authorize the Treasurer of the UNION HIGH SCHOOL BOOSTER ASSOCIATION

Pay \$ 2,788.94 to the order of Rose Brand

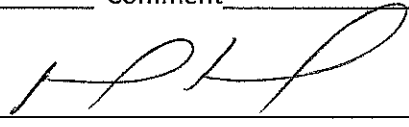
and charge the account of UHSPAC Acct. No. 77

Purpose: Cyc For UHSPAC Godspell

UHSPAC Club or Activity  Faculty Adviser - Signature

II. Account Balance _____ Verified by _____

Date _____ Comment _____

III. Approved  Date 11/22/17
Principal - Signature

IV. Date Paid _____ Check No. _____ Acct. No. _____

Processed by _____



ROSE BRAND®

INVOICE

Rose Brand East
 4 Emerson Lane, Secaucus, NJ 07094
 800-223-1624 201-809-1730 Fax: 201-809-1851

Rose Brand West CA Lic. #1024256
 11440 Sheldon Street, Sun Valley, CA 91352
 800-360-5056 818-505-6290 Fax: 818-505-6293

Invoice:	416285
Customer ID:	unionh
Sales Order:	328791
PO Number:	17-112013
Date:	11/28/2017
Terms:	Net 30 days

Sold To: **ACCOUNTS PAYABLE**
 James Mosser
 Union High School
 2350 N 3rd St
 Union NJ 07083-5049
 United States

Ship To:
 James Mosser
 Union High School
 2350 N 3rd St
 Union NJ 07083-5049
 United States

Sales Rep: Matt Biringer Packing Slip: 387526	F.O.B.: Prepaid & Add Freight - Origin Ship Via: UPS Ground
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Line	Part Number/Description	RMA #	Quantity	Unit Price	Ext Price
1	DRAP0001 Seamless Drop with Horizontal Fabric Material: Muslin 33 ft-6 in FR Tight Weave Natural 30 feet - 0 inches high x 60 feet - 0 inches wide With 0% Added Fullness, Unlined Top: Jute webbing grommets & ties, with #3 grommets on 12 inch centers. Bottom: Pipe pocket w/ skirt (pipe slits), 5 in. Stage Right: Flat hem, 2 in. Stage Left: Flat hem, 2 in.	0	1.000	Each \$2700.00 /1	\$2700.00

Job No.: 328791-1-1

THANK YOU FOR YOUR ORDER

Please make checks payable to:
 ROSE BRAND WIPERS, INC.
 P.O. BOX 1536
 SECAUCUS, NJ 07096

SubTotal:	2,700.00
Discount:	0.00
Misc Charges:	0.00
Freight & Handling:	82.91
Tax:	0.00
Invoice Total: USD	\$2,782.91

In addition to the terms and conditions stated on Rose Brand's Order Confirmation and/or Invoice, Rose Brand's Standard Terms and Conditions apply to this Order. Rose Brand's Standard Terms and Conditions are available at <http://www.rosebrand.com/customer/terms.aspx>, or by calling 800-223-1624. Customer's additional or different terms and conditions, however given, will not apply unless explicitly agreed upon by Rose Brand.

TOWNSHIP OF UNION BOARD OF EDUCATION
UNION, NEW JERSEY

FILE CODE 3453

EXHIBIT B-1

Student Organization Fund Approval for Expenditure in Excess of \$1,000.00

SCHOOL: Union High School
Farmers Market

Date: 12/5/2017

DEPARTMENT: Student Store Account: 2101

VENDOR: Erica Santiago Amount: \$2,628.11

PURPOSE OF EXPENDITURE [attach appropriate invoice(s)]: _____

inventory for student store

In accordance with the Student Organization Fund – Policy and Procedure Manual, I request approval of the referenced expenditure in excess of \$1,000.

Corey Lowery
NAME

[Signature]
SIGNATURE

Per the Student Organization Funds – Policy and Procedural Manual, student bodies, only written approval of either/or the Board Secretary/Business Administrator, may obligate themselves by contract for the purchase of goods and services greater than \$1,000.

I approve the purchase of goods/services per the attached.

Gregory Brennan, Business Administrator

Date

EXHIBIT B-1

Student Organization Fund Approval for Expenditure in Excess of \$1,000.00

SCHOOL: Kawameeh

Date: December 7, 2017

DEPARTMENT: Musical Production
Account: 41

VENDOR: ~~Deja~~ Marianne Deczynski
Amount: 2500.00

PURPOSE OF EXPENDITURE [attach appropriate invoice(s): To purchase materials for costumes for Alice In Wonderland, JR. Items to include fabric, notions, wigs, clothing items and props for the production

In accordance with the Student Organization Fund – Policy and Procedure Manual, I request approval of the referenced expenditure in excess of \$1,000.

MARIANNE DECZYNSKI
NAME

Marianne Deczynski
SIGNATURE

Per the Student Organization Funds – Policy and Procedural Manual, student bodies, only written approval of either/or the Board Secretary/Business Administrator, may obligate themselves by contract for the purchase of goods and services greater than \$1,000.

I approve the purchase of goods/services per the attached.

Gregory Brennan, Business Administrator

Date

BUDGET YEAR

VENDOR NO.

BILL TO

**BOARD OF EDUCATION
TOWNSHIP OF UNION
COUNTY OF UNION
2369 MORRIS AVENUE
UNION, NEW JERSEY 07083**

(908) 851-6408, 6409 or 6410 • FAX (908) 964-1462

PURCHASE ORDER NUMBER
THIS NUMBER MUST APPEAR ON ALL PACKAGES, INVOICES AND CORRESPONDENCE

DATE:

**VOUCHER
PLEASE SIGN & RETURN**

The regular meeting of the Board is generally held on the Third Tuesday of the month. To be approved for payment, bills must be presented at least 30 days prior to the regular meeting.

VENDOR:

SHIP TO:

Marianne Deczynski
 7 Fifth Avenue
 Cranford, NJ 07016

P.O. TYPE	MISC. DESCRIPTION	Partial	Complete	
		<input type="checkbox"/>	<input type="checkbox"/>	
QUANTITY ORDERED	CATALOG / UNIT	ITEM DESCRIPTION / ACCOUNT NUMBER	UNIT PRICE	TOTAL AMOUNT
		Request for approval of purchases not to exceed \$2500 for materials for costumes and props for Alice In Wonderland, Jr. Invoices will be submitted following the play in March as per conversation between Mr Brennan and Mr Rago on 12/6/17.		\$2500 Approx

VENDOR'S CERTIFICATION & DECLARATION	PAYMENT RECORD	ORDER INVALID UNLESS SIGNED BY THE BUSINESS ADMINISTRATOR/BOARD SECRETARY
I declare that the goods or services itemized in this bill have been ordered or rendered; that no bonus has been given or received by any person or persons within the knowledge of this claimant; and that the above bill is true and correct.	CHECK NO. _____ DATE PAID _____	BUSINESS ADMINISTRATOR/BOARD SECRETARY _____ DATE _____ VENDOR ACCEPTANCE CERTIFIES COMPLIANCE WITH FEDERAL AND STATE REGULATIONS REGARDING EQUAL EMPLOYMENT OPPORTUNITY WITHOUT REGARD TO RACE, CREED, COLOR, NATIONAL ORIGIN, ANCESTRY, AGE, SEX, AFFECTIONAL OR
SIGNATURE & TITLE: <u>Marianne Deczynski</u> 12/7/17 Director Is Your Company Incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No	APPROVED BUSINESS ADMIN/BOARD SECRETARY _____	(Signature area for Business Administrator/Board Secretary)

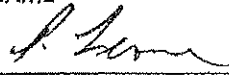
EXHIBIT B-1

Student Organization Fund Approval for Expenditure in Excess of \$1,000.00

SCHOOL: Kawameeh Date: 12/1/17
DEPARTMENT: Musical Production Account: 41
VENDOR: Peter Leone Amount: \$2000.00

PURPOSE OF EXPENDITURE [attach appropriate invoice(s): To purchase materials for props, scenery & sets for Alice In Wonderland, Jr. This includes, but is not limited to, wood, screws, decorations, papers, paint and other building materials and set items.

In accordance with the Student Organization Fund – Policy and Procedure Manual, I request approval of the referenced expenditure in excess of \$1,000.

Peter Leone
NAME

SIGNATURE

Per the Student Organization Funds – Policy and Procedural Manual, student bodies, only written approval of either/or the Board Secretary/Business Administrator, may obligate themselves by contract for the purchase of goods and services greater than \$1,000.

I approve the purchase of goods/services per the attached.

Gregory Brennan, Business Administrator Date

BILL TO

**BOARD OF EDUCATION
TOWNSHIP OF UNION
COUNTY OF UNION
2369 MORRIS AVENUE
UNION, NEW JERSEY 07083**

BUDGET YEAR

VENDOR NO.

(908) 851-6408, 6409 or 6410 • FAX (908) 964-1462

PURCHASE ORDER NUMBER

THIS NUMBER MUST APPEAR ON ALL PACKAGES, INVOICES AND CORRESPONDENCE

DATE:

**VOUCHER
PLEASE SIGN & RETURN**

The regular meeting of the Board is generally held on the Third Tuesday of the month. To be approved for payment, bills must be presented at least 30 days prior to the regular meeting.

VENDOR:

SHIP TO:

Peter Leone
 396 Ingall St
 Union NJ 07083

P.O. TYPE	MISC. DESCRIPTION	Partial	Complete
		<input type="checkbox"/>	<input type="checkbox"/>

QUANTITY ORDERED	CATALOG / UNIT	ITEM DESCRIPTION / ACCOUNT NUMBER	UNIT PRICE	TOTAL AMOUNT
		Request for approval for the reimbursement of purchases not to exceed \$2,000 for set and prop materials for Kms' production of Alice in Wonderland Jr. Invoices will be submitted following the play, as per conversation between Mr. Brennan and Mr. Reso on 12/6/77		\$2000 APPROX

VENDOR'S CERTIFICATION & DECLARATION

I declare that the goods or services itemized in this bill have been ordered or rendered; that no bonus has been given or received by any person or persons within the knowledge of this claimant; and that the above bill is true and correct.

P. Leone 12/7/77
 ASSISTANT DIRECTOR DATE

Is Your Company Incorporated? Yes No

PAYMENT RECORD

CHECK NO. _____

DATE PAID _____

APPROVED BUSINESS ADMIN./BOARD SECRETARY _____

ORDER INVALID UNLESS SIGNED BY THE BUSINESS ADMINISTRATOR/BOARD SECRETARY

BUSINESS ADMINISTRATOR/BOARD SECRETARY _____ DATE _____
 VENDOR ACCEPTANCE CERTIFIES COMPLIANCE WITH FEDERAL AND STATE REGULATIONS REGARDING EQUAL EMPLOYMENT OPPORTUNITY WITHOUT REGARD TO RACE, CREED, COLOR, NATIONAL ORIGIN, ANCESTRY, AGE, SEX, AFFECTIONAL OR SEXUAL ORIENTATION, MARITAL STATUS, FAMILIAL STATUS.